

FERRIS STATE UNIVERSITY

HUMAN RESOURCES



Benefits at a Glance

2022-2023

Adjunct Level 2

CONTACT US NOW



231-591-2150
Human Resources



hrbenefits@ferris.edu



420 Oak Street
Prakken 150
Big Rapids, MI 49307

www.ferris.edu

NEW HIRE ENROLLMENT

Benefits are available on the date of hire into an Adjunct Level 2 position. Newly benefit eligible employees have 30 calendar days to enroll in FSU benefit plans.

MEDICAL/PRESCRIPTION

FSU offers 4 medical/prescription plan options through Priority Health including PPO, EPO, and HDHP options. These plans are offered at full-cost. Premiums are collected over 19 pay periods.

DENTAL

FSU offers 2 dental plan options through Guardian. The low plan is provided at no cost for employees and dependents. The high plan, which has a cost, includes orthodontic coverage for adults. These plans are offered at full-cost. Premiums are collected over 19 pay periods.

VISION

FSU offers vision coverage through EyeMed at full cost for employees. Premiums are paid over 19 pay periods.

OTHER ELIGIBLE ADULT

Employees may enroll one "other eligible adult" (OEA) in an FSU-sponsored health care plan if they have resided in the same residence as the employee for at least the last 18 months and are not a dependent of the employee as defined by the IRS.

FLEXIBLE SPENDING ACCOUNTS

Pre-tax deductions to a Medical Flexible Spending Account (up to \$2,850 per plan year) for employees enrolled in Ferris 1, 2, or 3.

Pre-tax deductions to a Dependent Care Flexible Spending Account (up to \$5,000 per plan year) for all benefit eligible employees.

TUITION WAIVER

Employees are eligible to take up to nine (9) FSU credits per semester, 24 maximum per year, under-graduate or graduate, at no cost. Credits may be transferred to a spouse and/or dependent child.

This benefit may be taxable based on the current IRS guidelines.

Spouse and/or dependent child may receive a 30% tuition discount in lieu of credit waivers.

LIFE INSURANCE

\$20,000 Group Term Life and AD&D Insurance at no cost to the employee.

RETIREMENT

FSU contributes a \$1,000 lump sum to the employee's 403b account each semester the employee has an active job assignment. Employees may make voluntary contributions via payroll deduction as well.

Employees can choose between TIAA-CREF & Fidelity to manage their Ferris accounts.

Employees with previous university service in the Michigan Public Schools Employee Retirement System are eligible to continue their MPERS retirement plan.

PREMIUM PAYMENT SCHEDULE

Level 2 adjuncts pay their health insurance premiums via payroll deduction over 19 pay periods during the academic year. Medical, Dental, and Vision coverage is for a 12 month period (September through August) unless the coverage is terminated prior to the end of the academic year, for any reason.



Paid Time Off

SICK TIME

Employees receive 13 sick days (104 hours) at the beginning of each plan year (July 1st). Unused sick hours will not carry over into the next plan year.

The amount may be prorated if a contract does not extend through the full plan year.

HOLIDAYS

Level 2 Adjuncts are not expected to report to work on University approved holidays and holiday shut down periods.

New Year's Day
Good Friday
Memorial Day
July 4th
Labor Day

Thanksgiving Day
Day after Thanksgiving
Christmas Eve
Christmas Day
New Year's Eve

Additional paid holiday time may be granted by the President.

Adjunct Level 2 Medical Plan Options

	FERRIS 1 PPO Plan Priority Health		FERRIS 2 EPO Plan Priority Health		FERRIS 3 PPO Plan Priority Health		FERRIS 4 (HSA) PPO Plan with HSA Priority Health	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Preventive Care	100% coverage	70% after ded.	100% coverage		100% coverage	60% after deductible	100% coverage	80% after deductible
Primary Care Office Visit	\$10	70% after ded.	\$10		\$20 copay PCP	60% after deductible	100% after deductible	80% after deductible
Specialist Office Visit	\$25	70% after ded.	\$25		\$40 copay Specialist	60% after deductible	100% after deductible	80% after deductible
Virtual Visit - through Spectrum Health or MDLive virtual care	\$0 copay	N/A	\$0 copay		\$0 copay	N/A	100% after deductible	N/A
Coinsurance - (Plan Pays)	90% after ded.	70% after ded.	90% after deductible		80% after deductible	60% after deductible	100% after deductible	80% after deductible
Prescription copay							COPAYS APPLY AFTER DEDUCTIBLE	
Medtipsterfree Preventive	\$0 Generic Preventive Drugs		\$0 Generic Preventive Drugs		\$0 Generic Preventive Drugs		\$0 Generic Preventive Drugs	
Tier 1	20% copay (\$5 min/\$30 max)		20% copay (\$5 min/\$30 max)		20% copay (\$5 min/\$30 max)		10% copay (\$5 min/\$30 max)	
Tier 2	20% copay (\$30 min/\$60 max)		20% copay (\$30 min/\$60 max)		20% copay (\$30 min/\$60 max)		10% copay (\$30 min/\$60 max)	
Tier 3	20% copay (\$50 min/\$75 max)		20% copay (\$50 min/\$75 max)		20% copay (\$50 min/\$75 max)		10% copay (\$50 min/\$75 max)	
Tier 4	20% copay (\$40 min/\$70 max)		20% copay (\$40 min/\$70 max)		20% copay (\$40 min/\$70 max)		10% copay (\$40 min/\$70 max)	
Tier 5	20% copay (\$80 min/\$100 max)		20% copay (\$80 min/\$100 max)		20% copay (\$80 min/\$100 max)		10% copay (\$80 min/\$100 max)	
Mail Order Pharmacy	1x copay for 90 day supply		1x copay for 90 day supply		1x copay for 90 day supply		1x copay for 90 day supply	
Urgent Care Center Copay	\$25 copay	70% after ded.	\$25 copay		\$40 copay	60% after deductible	100% after deductible	80% after deductible
Emergency Room Copay	\$100 copay (copay waived if admitted)		\$100 copay (copay waived if admitted)		\$100 Copay (Copay waived if admitted)		100% after deductible	
Network	Priority Health / CIGNA		Priority Health		Priority Health / CIGNA		Priority Health / CIGNA	
Deductible								
Individual	\$250	\$500	\$250		\$500	\$2,000	\$1,500	\$3,000
Family	\$500	\$1,000	\$500		\$1,000	\$4,000	\$3,000	\$6,000
Coinsurance Maximum	Excludes Deductible		Excludes Deductible		Excludes Deductible		Excludes Deductible	
Individual	\$1,000	\$2,500	\$1,000		\$1,500	\$2,500	\$750	\$2,000
Family	\$2,000	\$5,000	\$2,000		\$3,000	\$5,000	\$1,500	\$4,000
Out of Pocket Maximum	Includes Deductibles, Coinsurance		Includes Deductibles, Coinsurance		Includes Deductibles, Coinsurance		Includes Deductibles, Coinsurance, Copays	
Individual	\$1,250	\$3,000	\$1,250		\$2,000	\$4,500	\$2,250	\$5,000
Family	\$2,500	\$6,000	\$2,500		\$4,000	\$9,000	\$4,500	\$10,000
ACA Statutory Maximum	Includes Deductibles, Coinsurance, Copays		Includes Deductibles, Coinsurance, Copays		Includes Deductibles, Coinsurance, Copays		Includes Deductibles, Coinsurance, Copays	
Individual	\$8,700	\$17,400	\$8,700		\$8,700	\$17,400	\$2,250	\$5,000
Family	\$17,400	\$34,800	\$17,400		\$17,400	\$34,800	\$4,500	\$10,000
Costs	Per Pay Cost	Annual Cost	Per Pay Cost	Annual Cost	Per Pay Cost	Annual Cost	Per Pay Cost	Annual Cost
Single	\$427.69	\$8,126.16	\$408.45	\$7,760.64	\$318.44	\$6,050.28	\$276.38	\$5,251.20
2 Person	\$1,047.85	\$19,909.08	\$1,000.71	\$19,013.52	\$939.39	\$17,848.32	\$815.32	\$15,491.16
Family	\$1,347.23	\$25,597.44	\$1,286.63	\$24,446.04	\$1,146.37	\$21,780.96	\$994.97	\$18,904.44

Guardian Dental Plan Options

		Low Plan	High Plan
Preventative Care	Cleanings (Limit)	80% (2 in 12 Months)	100% (2 in 12 Months)
	Fluoride (Limit)	80% (Under Age 19)	100% (Under Age 19)
	Oral Exams	80%	100%
	Sealants	80%	100%
	X-Rays	80%	100%
Basic Care	Anesthesia	60%	80%
	Fillings	60%	80%
	Period Surgery	60%	80%
	Perio Maintenance (Limit)	60% (Once Every 3 Months)	80% (Once Every 3 Months)
	Repair of Crowns, Bridges, & Dentures	60%	80%
	Root Canal	60%	80%
	Scaling/Root Planing	60%	80%
	Simple Extractions	60%	80%
	Surgical Extractions	60%	80%
Major Care	Bridges & Dentures	50%	80%
	Dental Implants	50%	80%
	Inlays, Onlays, Veneers	50%	80%
	Single Crowns	50%	80%
Orthodontia	Orthodontia (Limit)	50% (Under Age 19)	50% (Any Age)
	Lifetime Max Benefit (Per Member)	\$1,000	\$1,500
	Annual Max Benefit (Per Member)	\$1,000	\$1,200
	Dental Premiums Per Pay Period	\$16.32 - Single \$24.53 2 Person \$57.21 Family	\$24.47/pay - Single \$36.74/pay - 2Person \$85.74/pay - Family

If you select no dental coverage, and are not covered on another employee's FSU dental plan (through a spouse, parent or OEA relationship) you will receive an opt-out credit of \$163/year paid at \$6.27 per pay period.

This is not a comprehensive list of covered dental services and/or exclusions. Please ask your dental provider to complete a Pre-Determination for all non-routine dental care to determine actual dental insurance coverage.

EyeMed Vision Plan

Vision Plan Per Pay Premiums: \$3.51 - Single, \$6.66 2 Person, & \$ 9.79 Family

In-Network

Out-of-Network

Exam with Dilation

Retinal Imaging

Frames

Frequency

Exam - Once Every 12 Months
Lenses or Contact Lenses - Once Every 12 Months
Frame - Once every 12 Months

\$0 Co-Pay

Up to \$39

\$0 Co-Pay; \$130 allowance; 20% off balance over \$130

Up to \$40

N/A

Up to \$91

Standard Plastic Lenses

Single Vision

Bifocal

Trifocal

Standard Progressive Lens

Premium Progressive Lens

Tier 1

Tier 2

Tier 3

Tier 4

Lenticular

\$10 Co-Pay

\$10 Co-Pay

\$10 Co-Pay

\$75 Co-Pay

\$95 Co-Pay

\$105 Co-Pay

\$120 Co-Pay

\$75 Co-Pay; 80% of charge less \$120 allowance

\$10 Co-Pay

Up to \$30

Up to \$50

Up to \$70

Up to \$50

Up to \$50

Up to \$50

Up to \$50

Up to \$50

Up to \$70

Lens Options

(Paid by the member and added to the base price of the lens)

UV Treatment

Tint

Standard Plastic Scratch Coating

Standard Polycarbonate

Standard Polycarbonate (under 19)

Standard Anti-Reflective Coating

Premium Anti-Reflective Coating

Tier 1

Tier 2

Tier 3

Photochromic/Transitions

Polarized

Other Add-Ons and Services

\$15

\$15

\$15

\$40

\$40

\$45

\$57

\$68

80% of charge

\$75

20% off retail price

20% off retail price

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

Contact Lens Fit and Follow-Up

(Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)

Standard Contact Lens Fit & Follow Up

Premium Contact Lens Fit & Follow Up

Conventional Lenses

Disposable Lenses

Medically Necessary Lenses

Up to \$55

10% off Retail

\$0 Co-Pay; \$110 allowance, 15% off balance over \$110

\$0 Co-Pay, \$110 allowance, plus balance over \$110

\$0 Co-Pay, Paid-In-Full

N/A

N/A

Up to \$110

Up to \$100

Up to \$210

Laser Vision Correction

Lasik or PRK from U.S. Laser Network

15% off the retail price or \$5 off the promotional price

N/A

Hearing Care

Hearing Health Care from Amplifon Hearing Network

40% off hearing exams and a low price guarantee on discounted hearing aids

N/A